## CLAIM AMENDMENTS

*Please amend claim 35.*

1-7. **(Canceled)**

8. **(Previously presented)** A method of treating a subject suffering from psoriasis, comprising biweekly, subcutaneous administration to the subject of a dosage of a human anti-TNFα antibody, or an antigen-binding fragment thereof, that dissociates from human TNFα with a $K_d$ of 1 x $10^{-8}$ M or less and a $K_{off}$ rate constant of 1 x $10^{-3}$ $s^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an $IC_{50}$ of 1 x $10^{-7}$ M or less, such that said psoriasis is treated, wherein the dosage of the human anti-TNFα antibody, or antigen binding portion thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

9. **(Canceled)**

10. **(Previously presented)** A method of treating a subject suffering from psoriasis, comprising biweekly, subcutaneous administration to the subject of a dosage of an a human anti-TNFα antibody, or an antigen-binding fragment thereof, with a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2, such that said psoriasis is treated, wherein the dosage of the human anti-TNFα antibody, or antigen binding portion thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

11. **(Previously Presented)** The method of claim 8 or 10 wherein the anti-TNFα antibody is D2E7, or an antigen-binding fragment thereof.

12. **(Previously Presented)** The method of claim 8 or 10 wherein the anti-TNFα antibody, or antigen-binding fragment thereof is administered with at least one additional therapeutic agent.

13. **(Previously Presented)** A method of treating a subject suffering from psoriasis, comprising biweekly, subcutaneous administration to the subject of a dosage of a D2E7 antibody or an antigen binding fragment thereof, such that said psoriasis is treated, wherein the dosage of the D2E7, or antigen binding portion thereof, comprises 10-150 mg and is the same dosage throughout the course of biweekly treatment.

14. **(Previously Presented)** The method of claim 13, wherein D2E7, or antigen binding fragment thereof, is administered with at least one additional therapeutic agent.

15-17. **(Canceled)**

18. **(Previously Presented)** The method of claim 8, wherein each dosage comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

19. **(Previously Presented)** The method of claim 10, wherein each dosage comprises 20-80 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

20. **(Previously Presented)** The method of claim 11, wherein each dosage comprises 20-80 mg of D2E7, or antigen-binding fragment thereof.

21. **(Previously Presented)** The method of claim 11, wherein each dosage comprises 20-80 mg of D2E7.

22. **(Previously Presented)** The method of claim 8, wherein each dosage comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

23. **(Previously Presented)** The method of claim 10, wherein each dosage comprises about 40 mg of the human anti-TNFα antibody, or antigen-binding fragment thereof.

24. **(Previously Presented)** The method of claim 11, wherein each dosage comprises about 40 mg of D2E7, or antigen-binding fragment thereof.

25. **(Previously Presented** The method of claim 11, wherein each dosage comprises about 40 mg of D2E7.

26. **(Previously Presented)** The method of claim 12, wherein the additional therapeutic agent is selected from the group consisting of a topical corticosteroid, a vitamin D analog and a topical or oral retinoid.

27. **(Previously Presented)** The method of claim 12, wherein the additional therapeutic agent is PUVA therapy.

28. **(Previously Presented)** The method of claim 8, wherein the subject has not received any systemic treatments for psoriasis for at least four weeks prior to administration of the first dosage of the human anti-TNFα antibody.

29. **(Previously Presented)** The method of claim 8, wherein the subject has not received any topical treatments for psoriasis for at least two weeks prior to administration of the first dosage of the human anti-TNFα antibody.

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30. **(Previously Presented)** The method of claim 8, wherein the subject has not received any treatments for psoriasis for at least four weeks prior to administration of the first dosage of the human anti-TNFα antibody.

31. **(Previously Presented)** The method of claim 8, wherein the subject has not received any treatments for psoriasis prior to administration of the first dosage of the human anti-TNFα antibody.

32. **(Previously Presented)** The method of any one of claims 28 to 31, wherein the anti-TNFα antibody is D2E7, or antigen-binding fragment thereof.

33. **(Previously Presented)** The method of claim 32, wherein each dosage comprises 20-80 mg of D2E7, or antigen-binding fragment thereof.

34. **(Previously Presented)** The method of claim 32, wherein each dosage comprises about 40 mg of D2E7, or antigen-binding fragment thereof.

35. **(Currently amended)** A method of treating a subject suffering from psoriasis consisting of subcutaneous administration to the subject of a dosage consisting of 10-150 mg of a human anti-TNFα antibody, or an antigen-binding fragment thereof, and a pharmaceutically acceptable carrier, wherein the anti-TNFα antibody dissociates from human TNFα with a $K_d$ of 1 x $10^{-8}$ M or less and a $K_{off}$ rate constant of 1 x $10^{-3}$ $s^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an $IC_{50}$ of 1 x $10^{-7}$ M or less, such that said psoriasis is treated, wherein the dosage of the human anti-TNFα antibody, or antigen binding portion thereof, is the same dosage throughout the course of treatment.

36. **(Previously Presented)** The method of claim 35, wherein the human anti-TNFα antibody comprises a light chain variable region (LCVR) comprising the amino acid sequence of SEQ ID NO: 1 and a heavy chain variable region (HCVR) comprising the amino acid sequence of SEQ ID NO: 2.

37. **(Previously Presented)** The method of claim 35, wherein the human anti-TNFα antibody is D2E7, or an antigen-binding fragment thereof.

38. **(Previously Presented)** The method of claim 35, wherein the dosage consists of 20-80 mg of D2E7, or antigen-binding fragment thereof, and a pharmaceutically acceptable carrier.

39. **(Previously Presented)** The method of claim 32, wherein the dosage consists of about 40 mg of D2E7, or antigen-binding fragment thereof, and a pharmaceutically acceptable carrier.

40. **(Previously Presented)** A method of treating a subject suffering from psoriasis consisting of subcutaneous administration to the subject of a dosage consisting of 10-150 mg of D2E7 and a pharmaceutically acceptable carrier, such that said psoriasis is treated.

41. **(Previously Presented)** The method of claim 40, wherein the dosage consists of 20-80 mg of D2E7 and a pharmaceutically acceptable carrier.

42. **(Previously Presented)** The method of claim 32, wherein the dosage consists of about 40 mg of D2E7 and a pharmaceutically acceptable carrier.

43. **(Previously Presented)** A method of treating a subject suffering from psoriasis, comprising subcutaneous administration to the subject of a dosage of a human anti-TNFα antibody, or an antigen-binding fragment thereof, that dissociates from human TNFα with a $K_d$ of 1 x $10^{-8}$ M or less and a $K_{off}$ rate constant of 1 x $10^{-3}$ $s^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an $IC_{50}$ of 1 x $10^{-7}$ M or less, such that said psoriasis is treated, wherein the dosage of the human anti-TNFα antibody, or antigen binding portion thereof, comprises 10-150 mg and is the same dosage throughout the course of treatment.